

Farway Grange Ltd

Farway Grange Care Home (Nursing)

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced comprehensive inspection took place on 7 and 8 September 2017. This was the first Care Quality Commission inspection the service had received since the provider changed their registration.

Farway Grange Care Home provides accommodation, personal care and nursing care for up to 25 older people. At the time of the inspection 23 people were living at the home. The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

People told us they felt safe living in the home. The provider had suitable processes in place to safeguard people from different forms of abuse. Staff had completed training in safeguarding people and were knowledgeable about the different types of abuse and knew the correct process for raising concerns if they should observe any form of abuse.

There was a system in place to ensure accidents and incidents were recorded and analysed. This meant any trends and patterns could be identified and preventative measures put in place where required. Incidents and accidents were regularly discussed at staff meetings and staff were encouraged to share their views on how to address any concerns.

The provider had a range of systems in place to protect people from risks to their safety. These included premises and maintenance checks, regular servicing and checks for equipment such as hoists, stair lifts and all electrical equipment and risk assessments for each person living in the home.

Medicines were managed safely and stored securely. People received their medicines as prescribed by their GP. Records showed staff responsible for administering medicines had received formal medicines training to ensure they were confident and competent to give medication to people.

There were enough appropriately trained staff available on each shift to ensure people were cared for safely. Staff spent time talking and interacting with all the people in the home, knew their health needs well and told us they had enough time to do their job effectively. Staff were recruited safely in accordance with current regulations.

Staff knew people well and treated them with dignity and respect, wherever possible people and their relatives were involved in assessing and planning the care and support they needed.

The provider had a system in place to ensure staff received their required training courses. Staff were knowledgeable about their role and spoke positively regarding the induction and training they received from the provider. Staff told us they were well supported by the management team who they found very

approachable and stated were always ready to listen or help if required.

The registered manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospitals from being inappropriately deprived of their liberty.

People had access to a range of health care professionals to help maintain their health. A varied and nutritious diet was available for people, which took into account their dietary needs and preferences so that their health was promoted and choices respected.

There were systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to. People's views on the service were regularly sought and people told us they felt they were listened to and any concerns would be dealt with straight away. People knew who to speak to if they had concerns or worries.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they felt safe and staff treated them respectfully.

The provider had a policy relating to safeguarding people from abuse and the staff we spoke with were aware of the contents of the policy and who to contact should they suspect abuse.

There were sufficient numbers of appropriately trained staff to meet people's health needs.

Is the service effective?

Good ●

The service was effective.

Staff received training to ensure they could carry out their roles effectively. Supervision processes were in place to enable staff to receive feedback on their performance and identify further training needs.

Staff demonstrated an understanding of The Mental Capacity Act 2005. People were asked for their consent before care or treatment was given to them

People were offered a variety of nutritious food and drink. Hot and cold drinks were offered regularly throughout the day and people were assisted to eat and drink when required.

People accessed the services of healthcare professionals as appropriate.

Is the service caring?

Good ●

The service was caring.

Care was provided with kindness and compassion by staff who treated people with respect and dignity.

Staff understood how to provide care in a dignified manner and respected people's right to privacy.

Staff were cheerful and kind, treated people with patience and were constantly aware of their needs. Staff interacted with people in a friendly and unrushed manner and were able to explain how people preferred their care to be given.

Family members and friends continued to play an important role and people spent time with them.

Is the service responsive?

Good ●

The service was responsive.

People received care that met their individual needs. People's needs were assessed and care was planned and delivered to meet their needs.

People's care plans were reviewed regularly to enable members of staff to provide care and support that was responsive to people's needs.

The provider had a complaints procedure and people knew who to and how to complain. People felt their complaint would be listened to and acted upon.

Is the service well-led?

Good ●

The service was well led.

People and their relatives felt able to approach the management team and there was open communication within the staff team. Staff felt well supported by the management team.

There was a clear management structure which staff understood.

There were systems in place for assessing and monitoring the quality of the service provided and drive forward improvement.

Farway Grange Care Home (Nursing)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced comprehensive inspection took place on 7 and 8 September 2017 and was completed by one Care Quality Commission inspector.

Before our inspection, we reviewed the information we held about the service. This included information about incidents the provider had notified us of. We also asked the local authority who commissions the service for their views on the care and service given by the home.

During the two day inspection we met all of the people who lived at the home and spoke to those who wished to speak with us. We also spoke with the manager, the deputy manager, three visiting relatives, four members of care staff, two cooks and one housekeeping member of staff. We observed how people were supported and looked in depth at three people's care and support records.

We also looked at records relating to the management of the service including; staffing rota's, incident and accident records, training records, recruitment records for three members of staff, supervision and appraisal records for a further three staff, meeting minutes and a large selection of the medication administration records. We reviewed audits and quality assurance records as well as a range of the provider's policies and procedures.

We reviewed the service's Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give us some key information about the service, what the service does well and improvements they planned to make.

Is the service safe?

Our findings

Where they were able to, people told us they felt safe living at Farway Grange Care Home. One person told us, "I always feel safe, I'm looked after very well." We asked a relative if they felt the service cared for people safely, they said, "Oh yes, absolutely, all the time, I don't worry."

Staff were knowledgeable about spotting the signs of abuse and knew how to report possible abuse to the local authority. Staff had completed training in protecting people from abuse and were aware of the provider's policy for safeguarding people who lived in the home.

The provider had a system to ensure risks in delivering people's care were assessed and plans were in place to reduce these. Risk assessments were completed and covered areas of risk such as skin integrity, nutrition, mobility and falls. Each risk assessment showed the identified risk and the actions that were in place to reduce or manage the risk. These were regularly reviewed.

Accidents and incidents were clearly recorded, analysed and reviewed. Staff were given the opportunity to comment on the incidents during staff meetings. This system ensured learning from such incidents could be achieved and people's safety maintained. For example, one person had had an accident with their wheelchair. Following investigations and discussions with staff the manager had ensured a new wheelchair was provided that had smaller wheels to prevent further incidents and maintain people's safety.

There were arrangements in place to deal with emergencies. People had personal emergency evacuation plans in place, these were colour coded to highlight the risk people were assessed at. For example, a person who could not mobilise on their own and needed two people to hoist and assist them from their bed would be colour coded red. In addition to written personal emergency evacuation plans included in their care plans, a small red sticker was placed on their bedroom door to enable clear identification for staff in the event of an emergency evacuation.

The home was well maintained, which also contributed to people's safety. Maintenance and servicing records were kept up to date for the premises and utilities, including water, gas and electricity. Equipment such as fire alarms, extinguishers, mobile hoists, the passenger lift, call bells, and emergency lighting were regularly checked and serviced in accordance with the manufacturer's guidelines.

Legionella are water-borne bacteria that can cause serious illness. Health and safety regulations require persons responsible for premises to identify, assess, manage and prevent and control risks, and to keep the correct records. The home had recently been tested for Legionella by an independent contractor and had been assessed as safe.

There were enough staff deployed on each shift to keep people safe. Staff told us, "There are enough staff on shifts, we have time to support people how they like." Staff rotas showed there were adequate levels of suitably qualified staff available on each shift. The manager told us they were in the process of recruiting permanent members of staff. Agency staff were employed to ensure enough qualified staff were on each

shift. The manager said they requested the same agency staff each time to ensure continuity of care for people. Staff told us they had enough time to do their jobs safely and effectively and could support people without feeling rushed.

Recruitment processes were thorough and ensured staff were recruited in a safe way. Records showed two references were taken up, proof of identification, a declaration as to whether they had a criminal conviction and the person's employment history were all completed prior to the person commencing work at the home. Disclosure and Barring Service (DBS) checks had been undertaken to ensure staff were suitable to work as a care worker. DBS checks identify whether people have committed offences that would prevent them from working in a caring role.

There was a safe system in place for the administration, recording, and storage of medicines. All medicines were kept securely. Medicine records showed that each person had an individualised medicine administration sheet (MAR), which included a photograph of the person and a note of their known allergies. We checked the most recent medication administration records (MAR) for a large selection of people who lived in the home and found medicines were recorded accurately. All medicines given had been signed for. Where people had allergies, these were recorded. There was a system of colour coded body maps in place to ensure people had prescribed creams applied at the correct frequency and place on their body. For people that were prescribed transdermal pain relief patches, there was a system of body maps which showed where the patch had been placed on their body. This ensured staff had clear records showing them where each transdermal patch had been placed and meant they could ensure people had their patches placed in alternative areas each time, to guard against skin sensitivity. A transdermal patch is a method of delivering medication through the skin in a controlled non-invasive way.

Staff who managed medicines had been competency assessed to ensure the safe management of medicines. This meant that people living at the home could be assured that staff had the necessary skills and knowledge to administer medicines safely.

If people were on PRN 'as required' medicines, all doses of PRN medicines were recorded accurately to ensure safe administration of these medicines. The provider used a recognised pain assessment tool for people who may not be able to verbalise when they were in pain. Staff spoke knowledgeably about people and could describe how people presented, what facial and body expressions they used if they were in pain and needed pain relieving medicine.

We checked the storage and stock of medicines. Items were correctly listed in the medicines register and the levels of medicine stock were accurately reflected in the register. The provider had a medicine fridge to store medicines that required low temperature storage. The fridge temperatures were recorded daily with clear guidance displayed on what the correct temperature range should be. Staff were knowledgeable about what action to take should the fridge malfunction and operate outside of the safe temperature range.

We were given a tour of the home and saw that the environment was well maintained, clean and free from hazards. Windows had restrictors in place to ensure people's health and safety and hot water taps were thermostatically controlled to prevent any accidental scalding. Carpets were clean and free from splits and frays and alarm mats and pressure cushions were in good repair and clean. The majority of radiators were not covered, however, the manager told us people living in the home were not able to mobilise on their own. Risk assessments had been completed for the risk of people falling against radiators and accidentally scalding themselves.

Throughout the inspection bedrooms, bathrooms, toilets and sluices were clean and well maintained. The

laundry room was free from dust and odours and had a system flow of dirty to clean laundry. The industrial washing machines had the facility for very hot washes that would prevent the spread of cross contamination.

Is the service effective?

Our findings

One person told us, "Everyone is very kind, they do all they can for me, it's very good." A relative said, "They all know how to care for [person] very well, it's all done just how they like it."

All staff completed a full induction process and were competency assessed by senior members of the staff team. New staff completed training courses which led to completion of the Care Certificate. The Care Certificate is a nationally recognised set of minimum standards that health and social care workers follow when providing care and support for people.

Staff were supported to carry out their roles effectively and told us they received useful supervision sessions and annual appraisals. One member of staff told us, "It's been amazing, I love it. I felt really welcomed as soon as I started, I had a full induction and I've been fully supported. I always have someone to ask if I need anything." Staff received regular supervision sessions in both a group setting and on a one to one basis. There was a forward schedule of training for all staff to complete. Training courses covered a range of topics including, moving and handling, nutrition, infection control and safeguarding adults. Staff said they found the training very useful and easy to understand. They told us they were offered specific training courses to ensure they were fully trained to care for people with health needs such as, epilepsy, catheter and stoma care and for people who had percutaneous endoscopic gastrostomy (PEG) tubes. A PEG is an endoscopic medical procedure where a tube is passed into a person's stomach through the abdominal wall. The PEG provides a means of ensuring nutrition is received by the person if they are unable to receive food or fluids orally.

Staff said they felt well supported by their manager and the regular staff meetings allowed them to discuss their performance in their role and felt supported in their on going development. Staff told us they felt communication in the home was effective and stated they felt fully involved in providing care and support to people in the home. Staff spoke knowledgeably about individuals we asked them about and were able to demonstrate they were up to date with the specific care and support people required.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People told us they made their own choices and that staff listened to and acted upon their decisions. Observations confirmed this, with staff asking people questions such as, "Would you like a fork or a spoon" and, "Are you comfortable, would you like your slippers on?" We saw that staff acted upon what people said they wanted.

Records confirmed people's permission was sought with people signing consent to things such as photographs and their care plan. Where people had capacity to make specific decisions, records provided

staff with this guidance so people's rights were respected. One person had difficulties swallowing and thickened fluids had been recommended. However, they chose not to have thickened fluids as they did not like them. Their care plan reflected their decision so that staff understood what they wanted to happen. Other people had signed their care plans to show they agreed with the guidance for staff.

If people did not have the capacity to make specific decisions, we saw records that showed a decision was made in their 'best interest' as required by the Mental Capacity Act 2005. A best interest meeting considers both the current and future interests of the person who lacks capacity, and decides which course of action will best meet their needs and keep them safe.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The manager understood when DoLS applications would be required and had a system in place to ensure they were aware when DoLS authorisations expired.

The kitchen had recently been inspected by the local authority and had been given a five star rating which was the highest score. We spoke with two cooks who demonstrated a good knowledge of what people living in the home preferred to eat. We saw the varied menu they prepared each week which showed people were given a choice of nutritious, healthy meals. One person told us, "The food's usually very good indeed, it's all very tasty." People's dietary needs were assessed, taking into account any medical needs such as soft or pureed dietary requirements. People were weighed monthly and any concerns regarding weight gain or loss were discussed with the staff and cook so that they were aware of people's specific dietary needs. Concerns regarding people's weight were referred to the appropriate health care professionals for their advice. Care plans gave people's preferences regarding their meal choices for example, "[person] prefers puddings than main courses" and "Likes to eat their breakfast in bed in their bedroom."

There was a system in place for monitoring the amount of food and fluid people had on a daily basis. The records showed the amount of fluids consumed each day which highlighted whether the person was at risk of dehydration. The records gave a clear target amount of fluid for each person. We observed people had drinks available to them throughout the day and staff regularly asked people if they would like additional hot or cold drinks.

People were supported to maintain good health and have on going healthcare support. People's health needs were monitored effectively. Care plans showed referrals were made to health professionals which included, dentists, physiotherapists, opticians, dieticians, palliative care team, chiropodists and doctors.

Is the service caring?

Our findings

People told us they enjoyed living at Farway Grange Care Home they said, "They are all kind and friendly." A relative told us, "The staff know [person] very well and make sure they have what they need...they all know what she likes, I'm always made to feel welcome it's lovely."

The manager and staff we spoke with knew people's care needs well. They were able to tell us about things which were important to each person. For example, how they liked their care to be given and their preferred daily routines. Care plans contained a life history document which recorded historic and significant events that had happened in people's lives. Care plans gave staff guidance on how people preferred to be reassured, for example, "Staff can reassure [person] by sitting down with them and discussing their concerns and talking to them about the past."

Staff were cheerful and kind, treated people with patience and respect and were aware of their needs. Staff spoke knowledgeably about people, what they could do to assist them if they became worried or upset, whether they preferred radio to television and what they enjoyed on a daily basis. Staff were aware when people became anxious and spent time with them, talking and chatting to them and checking if there was anything they needed. Staff interacted with people in a friendly and unrushed manner and had a genuine interest in people's wellbeing.

Some people were being cared for in bed and staff spent time with them making sure they were comfortable and had everything they needed. People's independence was promoted. For example, where people needed aids such as glasses they were wearing them. When we chatted with people in their bedroom we noted they had the things they needed, such as their call bell, newspaper and magazines, hot and cold drinks and the TV remote. Where people needed mobility aids such as a walking stick or walking frame these were also next to them to ensure they were safe and as independent as possible.

People or their relatives were given the opportunity to be involved in planning their care and lifestyle in the home. We saw records that showed people's views and preferences for care had been sought and were respected.

People's privacy was respected. For example, people's bedroom doors were closed when they were being supported with their personal care needs. There were hanging door signs that were placed on people's bedroom doors when they were not to be disturbed. Staff knocked on people's doors before they entered and called people by their preferred names when speaking with them. People's care records were kept securely in a lockable cabinet and no personal information was on display.

We observed people being transferred from their wheelchair into a recliner chair by the use of a hoist. Staff ensured the person's clothes were arranged correctly to maintain their dignity and reassured them throughout the whole process talking to them calmly and explaining everything that they were doing. Staff constantly checked the person was comfortable and knew what was happening at all times. This resulted in a calm and smooth transfer.

People who were reaching the end of their lives had specific care and support plans in place to make sure their wishes and care needs were met.

Is the service responsive?

Our findings

We observed call bells were answered quickly when people used them and people were not left for lengthy periods waiting for assistance. We asked one person if they knew how to use their call bell, they said, "Oh yes, it's easy look, I just push that button, they come quite quick."

People had their needs assessed before they moved into Farway Grange Care Home. This ensured the home was able to meet the needs of people they were planning to admit to the home. This information was then used to complete a detailed care plan which gave staff information and guidance on how to care for people in an individual way. Recognised risk assessment tools were used to assess the risk of falls, malnutrition and skin integrity.

Care plans were reviewed monthly and updated to ensure people's most recent care needs were met. Care plans gave clear, person centred advice and guidance for staff to follow. They described how people liked their care to be given, for example, "[person] is unable to make decisions in relation to what they would like to wear so staff may choose what is more appropriate for them to wear according to the weather" and "[person] decides the time they wish to be washed and dressed depending on when they wish to get up" and "Does not like to wake up early, they prefer breakfast at about 9.30am."

There was a system in place to ensure skin injuries and marks were recorded in people's care plans with the details dated and signed to ensure staff could check people's injuries were treated correctly. People's weight was recorded monthly and records showed they were referred to health professionals such as the speech and language therapy team or the physiotherapist or GP when required.

Where care plans stated people needed specialist equipment such as pressure cushions and pressure mattresses, these were in place and adjusted to the correct setting for people's weight. Records showed air mattress settings were checked daily to ensure they were working and set at the correct setting. If people required re-positioning to maintain their skin integrity, records showed people were re-positioned in accordance with the intervals given in their care plan.

Staff spoke knowledgeably about people's specific conditions and gave good examples of how people preferred their care to be given. Care plans gave guidance for staff to follow regarding people's specific health needs. For example, for people who were diagnosed with diabetes they had a detailed diabetic care plan in place that gave staff clear guidance on checking blood sugar levels, what their normal blood glucose range was, how they may present and what corrective action to take if they were to become either hypo or hyperglycaemic.

The manager told us about the activities that were available for people to take part in. These included visits from independent entertainers, pet therapy and sing-a-longs, as well as one to one outings for people to enjoy such as visits to garden centres. The activity co-ordinator was on holiday during our inspection visit, however, people told us they enjoyed the activities that were put forward for them to join in with if they wished. The provider had a mini bus that was used for taking people for day trips and places of interest. The

provider had held a Summer Fete that everyone had really enjoyed, taking part in the day and meeting friends and family. The manager told us they were proud of their staff team that had worked hard to make the summer fete a really enjoyable day with people supporting and contributing to make the day a success. They told us, "It really brought people together and gave a real family feel, it was a wonderful day." People who spent time in their bedrooms had their radio on or music playing and a television to watch if they wished. People were supported to take walks out in the community and relatives told us they were always made welcome and could visit at any time.

The provider had a complaints process in place and people knew how to make a complaint if they needed to. The complaints policy ensured complaints would be acknowledged, responded to in a timely manner and the outcome communicated to all parties. There had been three complaints recorded since April 2017. The complaints had been actioned in accordance with the provider's complaint policy with statements taken, investigations completed and all parties to the complaint contacted either verbally or in writing to let them know of the outcome of the complaint. Information giving guidance on how to complain was available for people and visitors to the home.

Is the service well-led?

Our findings

There was a professional, friendly, open and honest culture at the home that created a homely, happy atmosphere. Staff cared for people with genuine affection and knew them well. Staff worked well together and supported each other calmly and effectively. Staff told us they had confidence in the management team who were approachable and on hand to offer support and advice. One staff member said, "The care and communication, everything really, is spot on here, I love it." Another member of staff told us, "I love it, the variety, the people, I wouldn't do anything else."

People told us they thought the service was well-led. A relative told us, "The quality of care is very good, the regular staff know people well. I'm always kept informed and know what's happening. I would always recommend this home to anyone." Relatives told us the staff worked well together and were available if they needed to discuss any topic at all.

Staff said communication in the home was good and they were confident they were always given the most up to date information regarding people's changing care needs. They told us they found the care plans easy to use which meant they were kept up to date with people's care needs. Staff felt included in decisions made about people's care and support. Regular weekly and monthly staff meetings were held and staff felt involved in the process and felt comfortable to put forward suggestions or ideas they may have. Handover sessions were completed at the start and end of each shift. Staff told us these worked well and gave them clear, up to date information. Staff knew how to raise concerns and were knowledgeable about the process of whistleblowing.

Relatives and resident meetings were held every three months. Minutes from these meetings showed a wide range of topics were discussed which included, staff recruitment, menu choices, the summer fete, the recent BBQ, introduction of employee of the month and a dementia friends chat.

People's views were sought through the use of questionnaires. These were given to people using the service, relatives and representatives and health professionals that visited the service. Questionnaires had been sent out during March 2017, 13 had been returned and the answers and comments reviewed and action taken if required. Most of the questionnaires had been positively completed, however, some people had raised concerns about the call bell system. The manager told us this had been investigated and had led to a new call bell system being introduced which had resolved the concerns. The manager told us any areas of improvement would be discussed at staff meetings and changes made where required. Comments from the returned questionnaires included, 'Excellent, always room for improvement, but overall great' and 'Staff and managers are very attentive and thoughtful. Premises could benefit from some updating' and 'A home from home feeling...neat, tidy and very friendly'.

Records showed the manager had reported statutory notifications to the Care Quality Commission as required. A high percentage of these notifications had been completed regarding expected deaths of people using the service. We reviewed a number of these notifications which records showed had been correctly completed and had been made as a result of people being moved to Farway Grange Care Home for end of

life care.

There was a programme of regular audits in place to monitor the quality of service provided and to ensure people's care needs were met. These audits included, accidents and incidents, care plan reviews, medicines, infection control, equipment and premises checks which included fire safety management checks.

The manager demonstrated that they were committed to the continuous improvement of the service. For example, implementing new care plans to ensure they were person centred and contained all the relevant up to date information required to maintain people's health. They had introduced an 'Employee of the month scheme' which aimed to give staff recognition and reward and a 'Resident of the day' which ensured each person received a full review covering all areas of their care and support needs each month. The manager kept up to date with regulations by attending local study days and manager forums with local independent organisations and received correspondence from the local authority and the Care Quality Commission. They were also completing their Level 5 Health and Social Care qualification in Leadership and Management.